



Application and Benefit Information

Application for Employment

Values Statement

As the City of Maricopa continues to grow and develop, its focus will always reside on service to the citizens and employing the best people in order to provide exceptional service. A position with the City of Maricopa is a position of service to the community. In every decision and action, City of Maricopa employees will consider the impact their choices will have on the residents of Maricopa.

Equal Employment Opportunity Policy

All employees and applicants for employment are extended equal employment opportunities without regard to race, color, religion, ancestry, national origin, age (40 and over), gender, marital status, disability, veteran status, or any other characteristic or status protected by law. This policy of nondiscrimination applies to all employment practices, including hiring, compensation, benefits, promotion, training, and termination.

History of Maricopa

Maricopa is located roughly 20 miles south of Phoenix and about 20 miles northwest of Casa Grande.

Maricopa is a place whose history has been one of welcoming strangers and making them friends. It is a place with a tradition of raising families that have respect, honor and pride.

Maricopa started as an established agricultural community populated by friendly Native Americans who were established traders.

In the Mid-1800's, when everything south of the Gila River was still part of Mexico, Maricopa Wells was a dependable source of water along the Gila Trail. It became an important and famous stage stop for the Butterfield Overland Mail Line that stretched from San Antonio to San Diego.

Phoenix was a village on the Salt River but growing political influence led to building of a spur line from Maricopa to Phoenix. Today's Maricopa Road (John Wayne Parkway) lies over the top of that old rail line.

In 1935, Maricopa settled into a slower pace as rail traffic north was halted. Although agricultural production had been consistent through time, it became the catalyst when the rail service was cut.

Increased mechanization of agriculture slowed the flow of people. However, it created a hearty farm economy that thrives today. Maricopa is one of the most productive farm communities in the state. Cotton, grains, fruit, vegetables, and beef thrive in this arid desert.

Human Resources Mission Statement

Our Mission:

- To provide quality service to enable people to lead healthier, more secure, independent and productive lives;
- To treat all people fairly, promoting dignity and self-respect; and
- To administer public resources in a fiscally responsible and ethical manner.

Our Values:

- We believe in the dignity of the individual, and are totally committed to fair, honest and professional treatment of all individuals and organizations with which we work.
- We believe our first responsibility is to the customers we serve and we respect their needs for privacy and dignity.
- We recognize and accept diversity among ourselves and others and value the individual's right to fair and equitable treatment, in an environment free of bias and prejudice.
- We aspire to maintain high moral and ethical standards and to reflect honesty, integrity, reliability and forthrightness in all relations.



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P.O. Box 610
Maricopa, AZ 85239
Ph: 520.568.9098
Fx: 520.568.9120
www.maricopa-az.gov

Application for Employment Position Applied For: _____

Personal Information

Salary expectation: _____

Name:

First

Middle

Last

Address:

Street

City

State

ZIP Code

Phone Number:

Daytime Phone Number:

(Area
code)+Number

(Area code)+Number

E-mail Address:

Do you have the legal right to work in the U.S.? _____ Yes _____ No

It will be necessary to submit documents as required by law to verify your identification and employment authorization upon employment.

Have you ever filed an application for employment with the City of Maricopa before? _____ Yes _____ No

If yes, were you hired? _____ Yes _____ No

If you were employed with the City of Maricopa, please state the position for which you were hired, the dates of your employment and your reason for leaving:

Position	/	From	/	To

Reason for Leaving

Are you related by blood or by marriage to the Mayor, any City Council Member or City of Maricopa employee?

_____ Yes _____ No

If yes, please give the name of and your relationship to that person:

Name	Relationship

City policy prohibits or limits hiring relatives of City employees or officials in certain circumstances.

Type of work you will accept:

_____ Full Time _____ Part Time _____ Temporary _____ Shift Work _____ Night Work _____ Weekend Work

Are you willing to work overtime if necessary? _____ Yes _____ No

Are you willing to travel if the job you are applying for requires it? _____ Yes _____ No

Date available to start work:

Planning Department Applicants: Are you involved in any land deals or land development in the City of Maricopa?

If yes, please explain:

References: Please list names, addresses, phone numbers and length of association with 3 persons who can be contacted as character references, who are not related to you and not former employers/supervisors.

Name	Address	Phone Number	How long have you known this person?

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Driving and Conviction Record

Your driving record will be checked and considered if driving is an essential function of the job.

			Class:	A-CDL
Driver License Number	State	Expiration Date		B-CDL
				Class C

Have you been issued a citation for any moving traffic violations within the last 3 years for which you were convicted?

Yes	No
_____	_____

If yes, please complete the following:

<u>Charge</u>	<u>Date</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important

For purposes of employment, in the section below convictions include being sentenced to confinement, having paid a fine, having served time, being placed on probation (including deferred adjudication), and being ordered by the court to pay restitution. Do **not** include: 1) any violation of law committed before your 17th birthday if the final decision was made in juvenile court or under a youth offender law; 2) any conviction whose record was expunged under Federal or State Law; 3) routine traffic violations (listed above.) **DWI, DUI, and DWLS** are **not** routine traffic violations and **must** be listed below.

Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)?

Yes	No
_____	_____

If yes, list each one below. Attach an additional page if necessary. Include those that may not appear on record at this time.

<u>Date</u>	<u>Felony or Misdemeanor</u>	<u>Offense</u>	<u>Offense Class</u>	<u>City & State</u>	<u>Penalty</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

A criminal record will not necessarily disqualify an applicant from employment, only considered in relation to the requirements of the particular job.

Education

Are you a high school graduate? Yes No If no, do you have a GED? Yes No

Date GED obtained: _____ Location Obtained _____

High School:	Location:	Years Completed: (Circle) 9 10 11 12	Diploma:
College or University: <i>Please provide copy of College Transcripts</i>	Location:	Years Completed: (Circle) 1 2 3 4	Diploma: Major/Minor: Date:
Graduate, Professional, or Trade School	Location:	Years Completed: (Circle) 1 2 3 4	Diploma: Major/Minor: Date:
Describe Course of Study, Specialized Training, Apprenticeship, Skill, Extra Curricular Activities, and any Honors Received:			

Please check which of the items below you are familiar with and rate your self as Beginner (B), Intermediate (I), or Advanced (A) on the following and how current based on: (C) Current (1 -6 mos.), (NL) Not long ago (6-12 mos.), (A) Awhile (12 mos.+). *Note which application on line below marked *

Clerical/Office/Computer Experience/Skill Level				Machinery/Equipment/Industrial Experience			
	Calculator/10-key		MS Excel		Carpentry		Inspections
	Data Entry		MS Outlook		Concrete		Light Equipment
	Desktop Publishing*		Typing		Electrical		Mechanical
	PowerPoint		Windows		Grounds Keeping		Plumbing
	Internet*		MS Word		Heavy Equipment		Welding
				Other _____			

Please list certifications or licenses held (excluding drivers' license)					
	Type	Number	Issue Date	Expiration Date	
Calculator/10-key					
Data Entry					
Desktop Publishing					
Dispatch					
Internet					
MS Excel					
MS Outlook					

Employment History

Please list your most recent employment experience beginning with your current or latest position. Include military experience and account for periods in which you were unemployed. This page may be copied if additional space is needed to account for all employment in the last 10 years. You may include experience beyond 10 years if it is significant to the job for which you are applying.

Employer _____ Dates of Employment From ____ / ____ / ____ to ____ / ____ / ____
Type of Business _____
Address _____ Phone Number _____
Supervisor _____
May we contact this employer? ____ Yes ____ No ____ Later
Position Title _____ Starting Salary _____ Ending Salary _____
____ Full Time ____ Part Time ____ Temporary ____ Shift Work ____ Night Work ____ Weekend Work
Describe your duties: _____
Reason for Leaving: _____

Employer _____ Dates of Employment From ____ / ____ / ____ to ____ / ____ / ____
Type of Business _____
Address _____ Phone Number _____
Supervisor _____
May we contact this employer? ____ Yes ____ No ____ Later
Position Title _____ Starting Salary _____ Ending Salary _____
____ Full Time ____ Part Time ____ Temporary ____ Shift Work ____ Night Work ____ Weekend Work
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Type of Business _____
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____ Full Time ____ Part Time ____ Temporary ____ Shift Work ____ Night Work ____ Weekend Work
Describe your duties: _____
Reason for Leaving: _____

Pre-Employment Statement

After completely filling out the application for employment, please read carefully the following statement. After reading and agreeing to all terms, please sign and date the application below.

- **I have read and understand the Vision and Values Statements of the City of Maricopa displayed on the cover of this application, and agree that, upon employment, I will do my utmost to align myself with these ideals, and to promote the image of our City that we are striving to achieve.**
- I have reviewed each page to make sure all parts are correct and complete. I understand that, if employed, false statements or omissions on this application form or any other material required for employment shall be considered sufficient cause for discharge.
- I authorize the City to investigate my personal history and/or employment record and to contact any and all sources to obtain additional job related information about me. I release, and hold harmless, the City, its representatives and all other persons, corporations or organizations from any liability for furnishing or obtaining such information. I understand that my Social Security Number and date of birth will be used for identification purposes in this process.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City specifically acknowledges such change in writing.
- I understand that the employment process may include testing and review of my driving record, which is on file with appropriate law enforcement agencies. I also agree that if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the City’s general liability insurance carrier may result in my discharge.
- If offered employment by the City, I agree to submit upon request to a physical examination or drug screening to determine my ability to perform the duties of my position.
- This application for employment shall be considered active only until the position applied for has been filled. Any applicant wishing to be considered for another position should reapply.

Applicant Signature _____ Date _____

Job Source

What prompted you to apply?

_____ Newspaper ad	_____ Referred by City Employee; if Yes, by whom
_____ City’s Job Hotline	_____ Referred by Friend or Relative
_____ Other – Please explain	

FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

City of Maricopa ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.</p>

ACKNOWLEDGMENT AND AUTHORIZATION : I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

<p>Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>

<p>California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Printed Name	Social Security Number (SSN)
Signature	Date:



**Request for
Background Check**

Customer # 001733

Social Security Number - -		Date of Birth (Month/Day/Year - for identification purposes only) / /	
Full Name (First / Full Middle Name / Last)			
Other Names Used (maiden names, AKA names, etc.)			
Current Residential Address			
City	State	Zip Code	

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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<p>APPLICANT: DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY: Your standard package will be automatically performed unless you specify otherwise below:</p> <div> <input type="checkbox"/> Perform selected services <i>in addition to</i> standard package <input type="checkbox"/> 39-Month driving record <input type="checkbox"/> Social Security Address/Alias Trace <input type="checkbox"/> Additional County Criminal History Searches (check box next to addresses above) </div> <p>Phone 602-263-8033 or 1-877-263-8033</p>		<div> <input type="checkbox"/> Perform selected services <i>in place of</i> standard package <input type="checkbox"/> Educational Degree Verification <input type="checkbox"/> Personal/Prof. Reference Verification <input type="checkbox"/> Professional Licensure Verification <input type="checkbox"/> Previous Employment Verification </div> <p>Fax orders to 602-274-3551</p>
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Consent and Authorization

READ CAREFULLY AND COMPLETELY BEFORE SIGNING

I have applied for employment with the (entity) and stated I was/am employed by you. My signature below authorizes you to release the contents of my employment record with your organization, whether negative or positive information.

I further consent to allow the (entity) to obtain any and all information concerning my former/current employment with you or your organization. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment with you or your organization required in connection with my application for employment with the (entity). This form may be photocopied or reproduced as a facsimile, and these copies will be as effective a release or consent as the original which I sign.

Signature of applicant

Date

Witness

Date

Benefits Summary

*Medical, dental and vision benefits apply to positions with a minimum of 40 hours per week.
Paid employee life insurance, AD&D, short and long-term disability benefits apply to full time positions. (Does not apply to part-time or temporary positions.)*

Retirement Benefits apply to full time positions OR part-time working 20 hours or more per week.

Medical Health Insurance

City Pays 100% of premium for Employee
City Pays 80% of premium for Dependents

Health Savings Account (HSA)/High Deductible Health Plan (HDHP)

City Pays 100% of premium for Employee
City Pays 80% of premium for Dependents

Dental Health Insurance

City Pays 100% of premium for Employee
City Pays 80% of premium for Dependents

Vision Insurance

City Pays 100% of premium for Employee
City Pays 80% of premium for Dependents

Life Insurance

City Pays 100% for Employee for
\$25,000 coverage

Accidental Death and Dismemberment

City Pays 100% for Employee for
\$25,000 coverage

Supplemental (Voluntary) Life Insurance – Paid by Employee

Self (based on age)
Family and dependent coverage

Flexible Spending Account

Medical and Dependent Care

Short Term Disability

City Pays 100% for Employee
Benefits begin the 15th day for accident or illness
Benefit = 60%
Maximum benefit = 24weeks



Long Term Disability

ASRS or PSPRS

Benefit = 66 2/3%

Employer Contribution based on ASRS/PSPRS determination

Employee Contribution based on ASRS/PSPRS determination

Deferred Compensation

457 Plan

ICMA-RC Plan

Retirement Benefits

ASRS

PSPRS

Defined Benefit

Vacation

88 hours up to three years of employment

Amount increases with years of service

(Does not apply to part-time or temporary positions.)

Sick Leave

96 hours per year

(Does not apply to part-time or temporary positions.)

Paid Holidays

11 days per year (includes one floating holiday which must be used by the end of the calendar year)

Full time positions (minimum 40 hours per week) and authorized part-time positions (minimum 30 hours per week) (Does not apply to less than 30 hours per week part-time positions or temporary positions.)